10/506447

Declaration For "371" Application
Page 1 of 3

COMPINED DECLARACION	NT 770	1 age 1 01 5		ATTORNI	Y'S DOCKET
COMBINED DECLARATION			DESIGN PATENT	PU4759	
APPLICATION WITH POW	ER C	OF ATTORNEY	•	First Name	
				Stanley	
				CHAMI	BERLAIN
() Depleration submitted with total 51				C	-:(1
() Declaration submitted with initial filing or				App No.	e if known:
() Declaration submitted after initial filing (surc	harge re	quired 37CFR1.16(e))		Прр 140.	
_		•			
				Filing Da	ite
				Group A	rt Unit:
				<u> </u>	
As below named inventor.	I hereb	y declare that:			
M					
My residence, post office address a	nd citize	enship are as stated below	w next to my name.		
I believe I am the original, first and	sole in	ventor (if only one name	is listed below) or an original fi	ret and ini	nt inventor
(if plural names are listed below) of	the sub	piect matter which is clair	med and for which a patent is so	iist allu joi.	invention
entitled:		goot matter winon is oftar	med and for which a patent is so	ugiit on tik	, invention
		CHEMICAL COM	POUNDS		
the specification of which (check or	nlv one	item helow):			
the specification of which (check of	my one	item below).			
[]is attached hereto.					
OR					
[x] was filed on 28 February 200	3 as U	nited States application S	Serial No or PCT	Γ Internation	onal
Application Number PCT/IIS03/0	6022 E	ilad and was amouded an	(MANA/IDD/WWWW)		/: .
Application Number <u>PCT/US03/06</u> applicable)	0022 11	ned_and was amended on	(MM/DD/1111)		(if
applicatio)					
I hereby state that I have reviewed a	and und	erstand the contents of the	he above-identified specification	, including	the claims,
as amended by any amendment spec	cifically	referred to above.	-		
I acknowledge the duty to disclose	informa	ition which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority benefits unde	r 35 II '	S C 8110 (a)-(d) or 8369	5(h) of any foreign applications(c) for nater	nt or
inventor's certificate or 365(a) of any PCT in					
States of America, listed below and have also					
certificate or of any PCT international applic	cation h	aving a filing date before	e that of the application on which		
PRIOR FOREIGN AND ANY PRIORITY					
Prior Foreign Application	C	Country	Foreign Filing Date		PRIORITY
Number (s)			(MM/DD/YYYY))		CLAIMED
1.					
3.	· · · · · · · ·				
4.					
5.			****		
I hereby claim the benefit under Title 35, Ur	nited St	ates Code §119(e) of any	United States provisional applie	cation(s) li	sted below:
Application No.			(MM/DD/YYYY)	. (-)	
1. 60/360,741			3/01/2002		· .

Express Mail Label: EV330919682US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

FULL NAME

OF INVENTOR

INVENTOR'S SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

FULL NAME

OF INVENTOR

INVENTOR'S SIGNATURE

RESIDENCE &

CITIZENSHIP

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GlaxoSmithKline

POST OFFICE ADDRESS

GlaxoSmithKline

POST OFFICE ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER
PU4759USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICA	ΓΙΟΝ		,
	. .	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inv prosecute this application and to transact all b Customer Number 23347 and Customer Num	ousiness in the Patent and Trademark			provided below to
Address all correspondence and telephon	e calls to Customer Number 23	3347	Direct Telephone C	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline	Jeni L. Fox 919-483-6334			
Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3	398			
I hereby declare that all statements made belief are believed to be true; and further like so made are punishable by fine or in jeopardize the validity of the application	that these statements were made aprisonment, or both, under 18 U	with the knowledge th	nat willful false st	tatements and the
FULL NAME OF INVENTOR'S Signature 11 A	AIN FIRST GIVEN		SECOND GIVEN NAM Dawes Date:	E/INITIAL

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NC

Holly

NC

CITY

STATE OR FOREIGN COUNTRY

FIRST GIVEN NAME

FIRST GIVEN NAME

Research Triangle Park

STATE OR FOREIGN COUNTRY

Research Triangle Park

STATE OR FOREIGN COUNTRY

Research Triangle Park

US

CN

Date

Kathleen

STATE & ZIP CODE/COUNTRY

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

North Carolina 27709, US

North Carolina 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER
PU4759USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

					STATUS (Check one)		
U.S. Parent Application or PCT Parent		Parent Filing Date		PATENTED	PENDING .	ABANDONED	
	Number		(MM/DD/YY)	YY)	,		
POWER	R OF ATTORNEY	: As a named in	ventor, I hereby appoint the	ne practitioners a	ssociated with the	Customer Numbers r	provided below to
			business in the Patent and				orovided below to
	r Number 23347 an			Trademark Offic	commercia mere		
				- 222.45		Direct Telephone Cal	lla to
Address		ce and telepho	ne calls to Customer N	umber <u>23347</u>		Direct Telephone Can	115 10.
	David J. Levy					Jeni	L. Fox
	Corporate Intellect	ual Property					83-6334
	GlaxoSmithKline	DO D +2200					05 055 1
	Five Moore Drive, Research Triangle		2200				
71 1				····		i	
1 nereby	declare that all s	tatements mad	e herein of my own know	wledge are true	and that all state	ments made on info	ormation and belief
are beli	eved to be true; ar	nd further that	these statements were m	ade with the kn	owledge that wil	lful false statement	s and the like so
made ar	e punishable by fi	ine or imprisor	nment, or both, under 18	U.S.C. 1001, a	and that such will	ful false statements	s may jeopardize
the valid	dity of the applica	tion or any par	ent issuing thereon.				
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	FULL NAME	FAMILY NAME	T ATNI	FIRST GIVEN NAM	E	SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	CHAMBER Signature	LAIN	Stanley		Dawes	
	INVENTOR'S	Signature				Date:	
0	SIGNATURE RESIDENCE &	CITY		STATE OR FOREIG	'N COUNTRY	COUNTRY OF CITIZENS	
U	CITIZENSHIP	Durham		NC	in Country	US	SHIP
	POST OFFICE	POST OFFICE ADI	DRESS	CITY		STATE & ZIP CODE/CO	INTDV
1	ADDRESS	GlaxoSmith		Research Tri	ianole Park	North Carolina	
_	112312300		Drive, PO Box 13398	rescuren in	angie raik	1 North Caronna	27702, 05
	FULL NAME	FAMILY NAME	Dive, 1 0 Dox 13338	FIRST GIVEN NAM	r	SECOND GIVEN NAME/	TRIPTE A I
2 ~	OF INVENTOR	CHEUNG-		Mui	L	SECOND GIVEN NAME/	INTITAL
الأن	INVENTOR'S	Signature	2.	***************************************		Date: O i i	
	SIGNATURE		a.			8/5/04	
0	RESIDENCE &	CITY		STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENS	
	CITIZENSHIP	Durham		NC	NC	CN	
	POST OFFICE	POST OFFICE ADI	PRESS	CITY	···	STATE & ZIP CODE/CO	UNTRY
2	ADDRESS	GlaxoSmith	Kline	Research Tri	iangle Park	North Carolina	27709, US
-		Five Moore	Drive, PO Box 13398				· · · · · · · · · · · · · · · · · · ·
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	EMERSON		-Holly-		Kathleen	
_ u	INVENTOR'S	Signature 11	1) 6.			Date) i	
~~	SIGNATURE	TOU.	y V Emmon			8504	
0	RESIDENCE &	CITY	0	STATE OR FOREIG		COUNTRY OF CITIZENS	БНІР
	CITIZENSHIP	Durham 7		NC ^	<u> </u>	US	
	POST OFFICE	POST OFFICE ADI		CITY		STATE & ZIP CODE/CO	
3	ADDRESS	GlaxoSmith	Kline	Research Tri	iangle Park	North Carolina	27709, US

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CON	ABINED DE	CLARATION FOR UTIL	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU4759USW
PAT	ENT APPLI	CATION WITH POWER	R OF ATTORNEY Co	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	<u>JOHNSON</u>	Neih	LW-
0	INVENTOR'S SIGNATURE	Signature No Whom		Date: 8/11/04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville		US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	NAILOR	Kristen	Elizabeth
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SAMMOND	Douglas	McCord
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SEMONES	Marcus	
	INVENTOR'S	Signature		Date:
	SIGNATURE	l ~		1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398	•	

COM	BINED DE	CLARATION FOR UTII	ITY or DESIGN		ATTORNEY'S DOCKET NUMBER PU4759USW
PAT	ENT APPLI	CATION WITH POWER	R OF ATTORNEY Co	ontinued	101,050011
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		D GIVEN NAME/INITIAL
2	OF INVENTOR	JOHNSON	Neil	W.	
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		TRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville	PA	US	•
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US
		Five Moore Drive, PO Box 13398		1	•
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INIT; AL
2	OF INVENTOR	<u>NAILO</u> R	Kristen	Eliza	beth
ι» ()	INVENTOR'S	Signature E. Marlo		Date:	(1)
.vo	SIGNATURE	Kusten 7. Paile	7		8/5/04
0	RESIDENCE &			COUNT	TRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US Af	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE	& ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US
		Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL
2	OF INVENTOR	SAMMOND	Douglas	McC	Cord
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNT	TRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US	
	POST OFFICE	POST OFFICE ADDRESS	СПУ		& ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US
		Five Moore Drive, PO Box 13398	_		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL
2	OF INVENTOR	SEMONES	Marcus	1	
	INVENTOR'S	Signature		Date:	
	SIGNATURE	ľ			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNT	TRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville	PA	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US
		Five Moore Drive, PO Box 13398	_		•

COM	BINED DE	CLARATION FOR UTIL	ITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU4759USW
PATI	ENT APPLI	CATION WITH POWER	OF ATTORNEY Co	· · · · · · · · · · · · · · · · · · ·
2	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME JOHNSON Signature	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL W. Date:
0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME NAILOR Signature	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME/INITIAL Elizabeth Date:
0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY US CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
5	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SAMMOND	FIRST GIVEN NAME Douglas	second given name/initial MeGord
16-6J	INVENTOR'S SIGNATURE	Signature Lowfus M. San	maril	Date: 8-5-2004
0	RESIDENCE & CITIZENSHIP	Durham	US CONTEST	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SEMONES	FIRST GIVEN NAME Marcus	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	COLLEGE COLLEG	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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COM	IBINED DE	CLARATION FOR UTIL	ITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU4759USW
PAT	ENT APPLI	CATION WITH POWER	OF ATTORNEY Co	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME.	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JOHNSON	Neil	W.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville	PA	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIT CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		'
	FULL NAME	PAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	NAILOR	Kristen	Elizabeth
	INVENTOR'S	Signature		Date:
	SIGNATURE	l "		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIT CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		· ·
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SAMMOND	Douglas	McCord
	INVENTOR'S	Signature		Date:
	SIGNATURE	· •		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		Í
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SEMONES	Mareus—	
(4)	INVENTOR'S	Signature ()		Date: 1 /
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1 0	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Collegeville		US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	İ	Five Moore Drive, PO Box 13398	1	·

COM	IBINED DE	CLARATION FOR UTIL	ITY or DESIGN		ATTORNEY'S DOCKET NUMBER PU4759USW		
PATI	PATENT APPLICATION WITH POWER OF ATTORNEY Continued						
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL		
2	OF INVENTOR	JOHNSON	Neil	W.			
	INVENTOR'S	Signature		Date:			
	SIGNATURE						
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY		TRY OF CITIZENSHIP		
	CITIZENSHIP	Collegeville	PA	US			
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY		
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US		
		Five Moore Drive, PO Box 13398					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		D GIVEN NAME/INITIAL		
2	OF INVENTOR	NAILOR	Kristen	Eliza	beth		
,	INVENTOR'S	Signature		Date:	:		
1	SIGNATURE			1			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY		TRY OF CITIZENSHIP		
	CITIZENSHIP	Durham	US	US			
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY		
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	h Carolina 27709, US		
		Five Moore Drive, PO Box 13398	[1			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	ND GIVEN NAME/INITIAL		
2	OF INVENTOR	SAMMOND	Douglas	McC	Cord		
	INVENTOR'S	Signature		Date	•		
	SIGNATURE						
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		TRY OF CITIZENSHIP		
ļ	CITIZENSHIP	Durham	US	US			
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY		
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	Nort	th Carolina 27709, US		
		Five Moore Drive, PO Box 13398					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	ND GIVEN NAME/INITIAL		
2	OF INVENTOR	SEMONES	Marcus	1			
	INVENTOR'S	Signature		Date	:		
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	CITIZENSHIP	Collegeville	PA	US			
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY		
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1		Five Moore Drive, PO Box 13398	_				

10/506447
Declaration For "371" Application
Page 1 of 3

COMBINED DECLAR				ATTORNEY'S DOCKET PU4759USw			
APPLICATION WITH	First Names Inventor:						
				Stanley Dawes			
				CHAMBERLAIN			
() Declaration submitted with initial	filing or			Complete if known:			
, ,	· ·			App No.:			
() Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))					
				Filing Date			
				Group Art Unit:			
As below named	l inventor. I here	by declare that:					
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.				
I believe I am the origina (if plural names are listed entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
DIAMI	NO-PYRIMIDI	NES AND THEIR USE	E AS ANGIOGENESIS INHIBI	TORS			
the specification of which	ı (check only one	e item below):					
[]is attached hereto. OR							
[x] was filed on 28 Feb	ruary 2003 as U	Inited States application	Serial No or PC	[International			
Application Number <u>PC</u> applicable)	T/US03/06022 f	filed_and was amended o	n (MM/DD/YYYY)	(if			
I hereby state that I have as amended by any amend			the above-identified specification	, including the claims,			
I acknowledge the duty to	disclose inform	ation which is material to	o patentability as defined in 37 C	FR §1.56.			
I hereby claim foreign priority ben	efits under 35 U.	S.C. §119 (a)-(d) or 836	55(b) of any foreign applications(s) for natent or			
inventor's certificate or 365(a) of a	ıny PCT internati	ional application which o	designated at least one country of	ner than the United			
States of America, listed below an	d have also ident	ified below, by checking	the box, any foreign application	for patent or inventor's			
certificate or of any PCT internation PRIOR FOREIGN AND ANY P	onal application i	iaving a filing date before	te that of the application on which	n priority is claimed:			
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY			
Number (s)		y	(MM/DD/YYYY))	CLAIMED			
1.							
2.			-				
3. 4.							
5.							
I hereby claim the benefit under Ti	itle 35, United St	ates Code §119(e) of an	v United States provisional applie	cation(s) listed below:			
Application No.			(MM/DD/YYYY)	men(e) noted bolom.			
1. 60/360,741 03/01/2002							

10/506447

Declaration For "371" Application Page 1 of 3

COMBINED DECLARA APPLICATION WITH	ATTORNEYS DOCKET PU4759USw First Names Inventor: Stanley Dawes CHAMBERLAIN Complete if known:			
() Declaration submitted with initial fi	nud or			App No.:
() Declaration submitted after initial fi	ling (surcharge r	equired 37CFR1.16(e))		
				Filing Date
				Group Art Unit:
As below named i	nventor. I here	by declare that:	and the second s	
My residence, post office a	ddress and citi:	zenship are as stated bel	low next to my name.	
			ne is listed below) or an original, to aimed and for which a patent is so	
DIAMIN	O-PYRIMIDI	NES AND THEIR US	E AS ANGIOGENESIS INHIB	ITORS
the specification of which (check only one	e item below):		
			n Serial No or PC	
I hereby state that I have re as amended by any amendr	nent specificall	y referred to above.	the above-identified specification to patentability as defined in 37 C	-
I hereby claim foreign priority benefinventor's certificate or 365(a) of an States of America, listed below and certificate or of any PCT internation PRIOR FOREIGN AND ANY PR	y PCT internati have also ident al application l	ional application which ified below, by checking having a filing date befo	designated at least one country of g the box, any foreign application ore that of the application on whic	her than the United for patent or inventor's
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
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I hereby claim the benefit under Title	25 United St	estas Codo S I I O(a) of ar	II-itad States provisional appli	==+!an(a) listed below
Application No.	z 33, Office St		e (MM/DD/YYYY)	cation(s) listed below:
1. 60/360,741			03/01/2002	

COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS DOCKET NUMBER
PU4759USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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2	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME CHAMBERLAIN Signature	FIRST (Stan	GIVEN NAME ley	SECOND GIVEN NAME Dawes Date:	ZINITIAL	
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAMBERLAIN	Stanley	Dawes
	INVENTOR'S	Signature		Date:
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	_OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
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2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	·	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EMERSON	Holly	Kathleen
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

Declaration For "371" Application

10/506447

Page 1 of 3 COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET PU4759USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: **Stanley Dawes CHAMBERLAIN** () Declaration submitted with initial filing or Complete if known: App No.: () Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CHEMICAL COMPOUNDS the specification of which (check only one item below): [] is attached hereto. OR [x] was filed on 28 February 2003 as United States application Serial No. ______ or PCT International Application Number PCT/US03/06022 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Country Foreign Filing Date PRIORITY Number (s) (MM/DD/YYYY)) CLAIMED 2. 3. 4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY)

03/01/2002

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60/360,741

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

EMERSON

Signature

Durham

POST OFFICE ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

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OF INVENTOR'S

SIGNATURE

RESIDENCE & CITIZENSHIP

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ADDRESS

ATTORNEY'S DOCKET NUMBER
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David J. Levy Corporate Intellectual Property					Jeni L. Fox			
	GlaxoSmithKline	uai r roperty					483-6334	
	Five Moore Drive,	PO Box 13398						
	Research Triangle Park, NC 27709-3398							
I hereby	declare that all st	tatements made	e herein of my own knov	vledge are true a	and that all state	ments made on inf	formation and belief	
are belie	eved to be true; an	nd further that	these statements were ma	ade with the kno	owledge that wil	llful false statemen	its and the like so	
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2	FULL NAME OF INVENTOR			FIRST GIVEN NAME Stanley			SECOND GIVEN NAME/INITIAL Dawes	
۷	INVENTOR'S	Signature Stanley			Dawes Date:			
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Ť	CITIZENSHIP	Durham		NC		CN		
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Holly

NC

CITY

STATE OR FOREIGN COUNTRY

Research Triangle Park

Kathleen

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY
North Carolina 27709, US

Rec'd PCT/PTO 01 SEP 2004 10/506447

Page 1 of 3

COMBINED DECLARATION FO APPLICATION WITH POWER O			ATTORNEY'S DOCKET PU4759USW First Names Inventor: Stanley Dawes CHAMBERLAIN		
() Declaration submitted with initial filing or			Complete if known: App No.:		
() Declaration submitted after initial filing (surcharge re	Арр 140.:				
			Filing Date		
	· -		Group Art Unit:		
As below named inventor. I here	by declare that:				
My residence, post office address and citiz	zenship are as stated belo	w next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
DIAMINO-PYRIMIDINES AND THEIR USE AS ANGIOGENESIS INHIBITORS					
the specification of which (check only one	the specification of which (check only one item below):				
[]is attached hereto. OR [x] was filed on 28 February 2003 as United States application Serial No or PCT International					
Application Number PCT/US03/06022 filed and was amended on (MM/DD/YYYY)(if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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POWER OF ATTORNEY: As a named invertorsecute this application and to transact all but Customer Number 23347 and Customer Number 23347.	siness in the Patent and Trademark			provided below to
Address all correspondence and telephone		347	Direct Telephone Co	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398		Jeni L. Fox 919-483-6334		
Process Triangle De la NO 27700 420	ne .			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAMBERLAIN	Stanley	Dawes
	INVENTOR'S	Signature		Date:
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2	OF INVENTOR	CHEUNG	Mui	<u> </u>
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	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EMERSON	Holly	Kathleen
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